

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

for children under 18 traveling WITH their parents

This VOLUNTEER RELEASE AND WAIVER OF LIABILITY (this "**Release**") is executed as of the date below in favor of Apostolic Christian HarvestCall, an Illinois nonprofit corporation and its directors, officers, employees, volunteers, agents, and affiliates (collectively, the "**Organization**").

I desire to volunteer for the Organization and engage in activities related to being its volunteer (the "**Activities**"). I understand that the Activities may include, but are not limited to, attending a mission trip, moving heavy objects, operating equipment, climbing ladders, using power tools, sorting debris, construction activities, traveling between states during the COVID-19 pandemic and staying overnight in third party accommodations. I also understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

In exchange for being allowed to participate in the Activities as a volunteer and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks. I recognize the heightened risk of participating in the Activities during the COVID-19 pandemic. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

2. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the Organization from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Organization, and fully and forever release and discharge the Organization from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE ORGANIZATION FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE ORGANIZATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, EMOTIONAL TRAUMA, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION, COVID-19, OR OTHERWISE.

4. Insurance. I UNDERSTAND THAT THE ORGANIZATION DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY.

I also understand that workers' compensation insurance is not available to volunteers and that the Organization does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of the Organization in the event of any injury or medical expense. I also understand that I will be responsible for any travel expense should emergency transportation to return home or an extended stay become necessary. I am aware I am responsible for determining whether my present insurance coverage extends to accidents or illnesses which occur at the location of the Activities, including outside of the United States.

5. **Photographic Release.** I understand and agree that during the Activities, I may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my name, image, photograph, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

6. **Criminal Matters.** I further understand that the Organization provides no protection against criminal laws or assistance with criminal charges, and I am fully responsible and accountable for all of my actions in connection with the Activities.

7. **Miscellaneous.** I hereby agree that this Release represents the full understanding between the Organization and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the Organization and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release.

8. **Other Organization Resources.** I have read and will support the guidelines in the booklet, "Team Guidelines." I also acknowledge that I can access the Sexual Conduct Policy, the Child Safety Policy, the Team Guidelines, and the Rebuilding Ministry Registration Process and Policy at harvestcall.org and will fully abide by the rules, procedures, and instructions in these documents.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

I have read the above and fully understand and acknowledge approval of the same and I have read and will support the guidelines in the booklet, "*Guidelines for Work Teams.*"

Signature of Volunteer: _____

Name of Volunteer (please print): _____

Date: _____

The parent or legal guardian must complete the section below.

As parent or guardian of _____, a minor child, I hereby give my permission for said child to travel to _____ to participate in a mission trip arranged by Apostolic Christian HarvestCall and I assume for and on behalf of said minor all risks of loss as detailed above and understand and acknowledge approval of all items in this form. I also acknowledge that I can access the Sexual Conduct Policy, the Child Safety Policy, and the Guideline for Work Teams at harvestcall.org/resources. I understand the rules and responsibilities and will talk with my child about the policies and guidelines in a manner consistent with the child's maturity level.

Signature of Adult: _____

Name of Adult (please print): _____

Date: _____